



SPECIAL NEEDS COMMUNICATION FORM

Date: 9/18/06

To: Stabor

From: SHCU

Inmate Name: Boyd Courtney ID#: 208921

The following action is recommended for medical reasons:

1. House in _____
2. Medical Isolation _____
3. Work restrictions _____
4. May have extra _____ until _____
5. Other _____

Comments:

No Prolonged Standing > 15 min x 90 days

Date: 9/18/06 MD Signature: Chabot / K. Zobell Time: _____

Exhibit A

60418



SPECIAL NEEDS COMMUNICATION FORM

Date: 9/12/06

To: Station / Doc
From: C H - U

Inmate Name: Boyd, Courtney ID#: 20892

The following action is recommended for medical reasons:

1. House in _____
2. Medical Isolation _____
3. Work restrictions _____
4. May have extra _____ until _____
5. Other _____

Comments:

Double Portion x 120 days

Date: 9/12/06 MD Signature: R. O. Gibbons Time: 0855

Exhibit A

60418



SPECIAL NEEDS COMMUNICATION FORM

Date: 9/9/06

To: ADOC : STATION

From: HSC

Inmate Name: Boyd, Courtney **ID#:** 208921

The following action is recommended for medical reasons:

1. House in _____
2. Medical Isolation _____
3. Work restrictions _____
4. May have extra _____ until _____
5. Other Back brace & bilateral insoles x 90 days

Comments:

[Redacted]

Date: 9/9/06 **MD Signature:** J. S. Mikloski RN **Time:** 8:30 AM

60418

Exhibit A